FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000064420

Principal Place	of Business		ng Address							101:001:001
10293 NW 53RD ST			10293 NW 53RD ST							
SUNRISE FL 33351 SUNRISE FL 33351									·	
			•				DO NOT WRITE I	N THIS	SPACE	
							3. Date Incorporated or Qualifed			1
	•			_			07/31/1996			
2. Principal Pl	lace of Business	2a. M	failing Address				4. FEI Number			olied For
21		26					65-0685096			Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				5. 'Certificate' of Status Desired] -	\$8.75 A Fee Red	
City & State	e		City & State			·	6. Election Campaign Financing	7	\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>	Added to	o Fees
Zip	Country		ip	Co	ountry		8. This corporation owes the current	year Inta	ıngible	
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	t Registe	red Agent				10. Name and Address of New Reg	stered /	\gent	
· · ·		-			81	Name				
	er, eric j Ne 4th st				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33301					83	<u> </u>				
					84	City	-		85 Zip C	ode
						1	oration submits this statement for the pur	FL		
agent. I a	m familiar with, and accept the obligation of th	nt and title if a	pplicable. (NOTE:	Register	atutes ed Ager	nt signature required		DATE		
12.	OFFICERS AN	ID DIREC		13			ADDITIONS/CHANGES TO OFFIC	ERS AN	☐ Change	Addition
TITLE	D		☐ DELETE	1.1	TITLE				☐ Change	☐ Addition
NAME	Webb, Brian			1.2	NAME	ļ				ì
STREET ADDRESS	10293 NW 53RD ST			1.3	STREE	TADORESS				
CITY-ST-ZIP	SUNRISE FL 33351			1.4	CITY-S	T-ZIP				
TITLE	D		☐ DELETE	2.1	TITLE				Change	☐ Addition {
NAME	Webb, Seth			2.2	NAME					
STREET ADDRESS	10293 NW 53RD ST			2.3	STREE	T ADDRESS				
CITY-ST-ZIP	-SUNRISE FL 33351	• -	- 1 -	2.4	CITY-S	ST-ZIP	<u> </u>			
TITLE	D		☐ DELETE	3.1	TITLE		·		Change	☐ Addition
NAME	WEBB, AARON			3.2	NAME	1				
STREET ADDRESS	10293 NW 53RD ST			3.3	STREE	T ADDRESS				[
CITY-ST-ZIP	SUNRISE FL 33351			3.4	. CITY- S	ST-ZIP				
TITLE			☐ DELETE	_	TITLE				Change	Addition
NAME				4.2	NAME					
STREET ADDRESS						TADORESS				
CITY-ST-ZIP					CITY-S	1				
TITLE			☐ DELETE	_	TITLE				Change	Addition
NAME					NAME			٠		1
STREET ADDRESS	•					T ADDRESS				1
					CITY-S					
CITY-ST-ZIP			☐ DELETE	_	TITLE	 			☐ Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90035 001 ***150.00